



PTO/SB/30 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Request  
For  
Continued Examination (RCE)  
Transmittal**

Address to:  
MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/622,268-Conf. #4219
Filing Date	July 17, 2003
First Named Inventor	Yuichi Ise
Art Unit	2673
Examiner Name	P. M. Dharia
Attorney Docket Number	09475/000M770-US0

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
  - Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - Other \_\_\_\_\_
- Enclosed
  - Amendment/Reply
  - Affidavit(s)/Declaration(s)
  - Information Disclosure Statement (IDS)
  - Other \_\_\_\_\_

2. **Miscellaneous**

- Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 04-0100. I have enclosed a duplicate copy of this sheet.
  - RCE fee required under 37 CFR 1.17(e)
  - Extension of time fee (37 CFR 1.136 and 1.17)
  - Other \_\_\_\_\_
- Check in the amount of \$ 790.00 enclosed
- Payment by credit card (Form PTO-2038 enclosed)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	April 19, 2006
Name (Print/Type)	Thomas J. Bean	Registration No.	44,528

04/24/2006 HDESTA1 00000048 10622268

01 FC:1801

790.00 0P

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_

04-21-06

RCE/TIA

PTO/SB/17 (01-06)

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>		
		Application Number	10/622,268-Conf. #4219	
		Filing Date	July 17, 2003	
		First Named Inventor	Yuichi Ise	
		Examiner Name	P. M. Dharia	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT	(\$)	790.00	Attorney Docket No.	09475/000M770-US0

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account   Deposit Account Number: 04-0100   Deposit Account Name: Darby & Darby P.C.					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) <b>Small Entity</b> <b>Fee (\$)</b> <b>Fee (\$)</b> 50      25							
Each independent claim over 3 (including Reissues) <b>Fee (\$)</b> <b>Fee (\$)</b> 200      100							
Multiple dependent claims <b>Fee (\$)</b> <b>Fee (\$)</b> 360      180							
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
14	- 20 = 0	x 0	= 0	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____			
4	- 4 = 0	x 0	= 0	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	- 100 = _____	/50 (round up to a whole number) x _____ = _____		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...      790.00)							

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Thomas J. Bean
Registration No. (Attorney/Agent)	44,528
Telephone	(212) 527-7700
Date	April 19, 2006

Express Mail Label No. _____	Dated: _____
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